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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 8610.

OMB No. 1545-0990

2004

Name and address of housing credit agency

Employer identification number of agency

Check box if this is an amended carryover allocation ☐

1 Name and address of **building owner** receiving carryover allocation

2 Taxpayer identification number of **building owner** (include dash or dashes)

3 Check if the carryover allocation is: ► ☐ building based or ► ☐ project based

4 Date of carryover allocation ▶ / /

5 Amount of carryover allocation

5

6 If a binding agreement (see instructions) was entered into, enter the maximum applicable credit percentage for:

a Acquisition cost

6a

%

b Rehabilitation expenses.

6b

%

c New construction expenses

6c

%

7 Enter the number of BINs covered by this carryover allocation

7

Enter BINs of buildings included in this carryover allocation

[illegible]